## PATENT APPLICATION FEE DETERMINATION REC Effective October 1, 2003

CE	099

Application or Docket Number

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
		(Column 1) (Col		(Colu	mn 2)			OP				
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	<b>38</b> 5.00	OR	BASIC FEE	7 <b>)0,</b> 00
TOTAL CHARGEABLE CLAIMS			14 minus 20= * -					X\$ 9=		OR	X\$18=	
	EPENDENT CI		2 minus 8 = *					X4:3=		OR	X8 <b>b</b>	
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+145		OR	+240=	
* If the difference in column 1 is less than zero, enter "0" in column 2							l	TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	* 24	Minus	** 2	2	= 2		X\$ 9=	18	OR	X\$18=	
AME	Independent	* 3 NTATION OF MU	Minus	*** (	CLAIM	=		X43=		OR	X8 <b>∂</b> =	
L	rmorrhead	NATION OF MIC	JEHR EL DEI	LIVOLIVI	CLATIVI			+145=		OR	+240=	
							۵.	TOTAL ADDIT, FEE	18	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	Ĺ	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	*** PENDENT	CLAIM	=		X43 =		OR	X8 <b>⁄</b> -=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH RUME PREVIO PAID I	BER JUSLY	FRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		or	X\$18=	
ME	Independent	*	Minus	***	· ·	=		X4⋛=		OR	X8 <b>6</b> =	
Ľ	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	PENDENT	CLAIM		<b> </b> -					
•	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+145:		OR	+291=	
								TOTAL DOIT. FEE	]	OR	TOTAL ADDIT. FEE	
		mber Previously Pa iber Previously Paid					r form	nd in the and	ropriate bo	cio co	luma 1.	